

**CHEST X-RAY AND CLASSIFICATION WORKSHEET**

For use with TB TI 2007 and the DS-2054

Complete Sections 1 through 5, As Applicable

OMB No. 1405-0113

EXPIRATION DATE: 08/31/2014

ESTIMATED BURDEN: 10 MINUTES

(See Page 2 - Back of Form)

Name (Last, First, MI)		Age																																
Birth Date (mm-dd-yyyy)	Passport Number	Alien (Case) Number																																
<b>1. Chest X-Ray Indication</b> (Mark all that apply) <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Age <math>\geq</math> 15 years <input type="checkbox"/> Signs or symptoms of tuberculosis <input type="checkbox"/> HIV infection</div><div>Test for TB infection: <input type="checkbox"/> TST <math>\geq</math> 10 mm <input type="checkbox"/> IGRA Positive <input type="checkbox"/> Contact: TST <math>\geq</math> 5 mm</div></div>																																		
<b>2. Chest X-Ray Findings</b> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Normal Findings <input type="checkbox"/> Abnormal Findings (Indicate category and finding, checking all that apply in the table below.)</div><div>Date Chest X-Ray Taken (mm-dd-yyyy) _____</div></div>																																		
<input type="checkbox"/> <b>Can Suggest Tuberculosis</b> (Need Smears and Cultures)		<input type="checkbox"/> <b>Other X-Ray Findings</b>																																
<input type="checkbox"/> Infiltrate or consolidation <input type="checkbox"/> Any cavitary lesion <input type="checkbox"/> Nodule or mass with poorly defined margins (such as tuberculoma) <input type="checkbox"/> Pleural effusion* <input type="checkbox"/> Hilar/mediastinal adenopathy with or without atelectasis <input type="checkbox"/> Other (such as miliary findings) <small>* If unclear whether pleural fluid or thickening, perform lateral or decubitus chest radiograph, or targeted ultrasound.</small>	<input type="checkbox"/> Discrete linear opacity (fibrotic scar) <input type="checkbox"/> Discrete nodule(s) without calcification <input type="checkbox"/> Discrete linear opacity (fibrotic scar) with volume loss or retraction <input type="checkbox"/> Other (such as bronchiectasis)	<input type="checkbox"/> Follow-up needed (Mark as Class B Other) <div style="margin-left: 20px;"><input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary, non-TB (e.g., emphysema) <input type="checkbox"/> Other</div> <input type="checkbox"/> No follow-up needed for pleural thickening, diaphragmatic tenting, calcified pulmonary nodule(s), calcified lymph node(s), calcified lymph node(s) with calcified pulmonary nodule(s), or minor musculoskeletal findings.																																
Remarks     <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">Radiologist's Signature _____</div><div style="width: 40%;">Date Interpreted (mm-dd-yyyy) _____</div></div>																																		
<b>3. Sputum Smears and Cultures</b> <input type="checkbox"/> No, not indicated - Applicant has no signs or symptoms of TB, no known HIV infection, and: <div style="margin-left: 20px;"><input type="checkbox"/> X-ray Normal or 'Other X-Ray Findings' checked above and test for TB infection negative (if performed): this is No Class <input type="checkbox"/> X-ray Normal or 'Other X-Ray Findings' checked above and test for TB infection positive (if performed): this is Class B2 TB, LTBI Evaluation</div> <input type="checkbox"/> Yes, are indicated - Applicant has (Mark all that apply): <div style="margin-left: 20px;"><input type="checkbox"/> Signs or symptoms of TB <input type="checkbox"/> Chest X-ray suggests TB <input type="checkbox"/> HIV infection</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 45%;"><b>Sputum Smear Results</b><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Date Specimen Obtained (mm-dd-yyyy)</th><th>Positive</th><th>Negative</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table></div><div style="width: 45%;"><b>Sputum Culture Results</b><table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Date Specimen Obtained (mm-dd-yyyy)</th><th>Positive</th><th>Negative</th><th>NTM*</th><th>Contaminated</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table></div></div> <div style="text-align: center; margin-top: 5px;"><small>* Nontuberculous Mycobacteria</small></div> <div style="margin-top: 10px;"><input type="checkbox"/> Positive Smear or Culture Result, or Clinical Judgment: this is a Class A TB <input type="checkbox"/> Negative Smear and Culture Results and: <div style="margin-left: 20px;"><input type="checkbox"/> Chest X-Ray suggests TB: Class B1 TB, Pulmonary <input type="checkbox"/> HIV infection with normal X-ray and no signs and symptoms of TB: No Class for TB</div></div>			Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative										Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative	NTM*	Contaminated															
Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative																																
Date Specimen Obtained (mm-dd-yyyy)	Positive	Negative	NTM*	Contaminated																														

- ☐ No Class
- ☐ Class A TB
- ☐ Class B1 TB, Pulmonary
- ☐ Class B1, TB, Extrapulmonary
- ☐ Class B2 TB, LTBI Evaluation
- ☐ Class B3 TB, Contact Evaluation
- ☐ Class B Other

## This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

ROUTINE USES: If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws.